

Region 6 Healthcare Preparedness Newsletter

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HHS Awards Facilities Partnership Preparedness Grants

DHHS News - September 27, 2007

The Department of Health and Human Services (HHS) announced health care facilities partnership program grants to 11 health care partnerships totaling \$18.1 million. Selected through a competitive process each grantee presented a program designed to enhance community and hospital preparedness for public health emergencies.

The King County Healthcare Coalition is among the awardees of this year's Partnership Grant, receiving \$1,877,586. All funding need to be spent by August 8, 2008. The grant is intended to improve surge capacity and enhance healthcare preparedness in defined areas, such as: mutual aid; volunteer management; and enhanced coordination. Our proposal built on the infrastructure, partnerships and experience gained over the past two years to develop new operational response capabilities for the health and medical response. Projects will be targeted to support the following initiatives:

- **Integration and Coordination**
 - Regional Medical Resource Center build out
 - Develop a regional volunteer management system for medical volunteers
- **Medical Preparedness and Response Capabilities**
 - Survey of healthcare worker's willingness to report to work during emergencies
 - Regional medical evacuation planning for patient movement throughout the region; coordinated with response partners.
 - Develop a Healthcare Coalition mutual aid agreement program to assist in creating regional agreements
- **Vulnerable Populations Healthcare Providers**
 - Preparedness and response planning for h serving vulnerable populations. Efforts will include workshops and technical assistance to providers
 - Provide small grant funding opportunities for non-hospital providers that serve vulnerable populations. The grants will be awarded for preparedness and business continuity enhancements.
 - Enhance palliative care planning with hospice and palliative care providers and EMS
 - Enhance regional pediatric planning
- **Evaluation**
 - Overall program evaluation for the Healthcare Coalition

For more information about the projects outlined for the King County Healthcare Coalition, please contact Cynthia Dold, the King County Healthcare Coalition Program Manager at Cynthia.dold@kingcounty.gov

King County Healthcare Coalition 2007 Preparedness Awards

The 2007 award recipients are being recognized for not only contributing significantly to their own organizations, but to our community as a whole. The awardees will be recognized at the Annual All Executive meeting on November 29th, 2007.

1. **Excellence in Innovation:** Presented to **Mary King, MD** – *A Study of Pediatric Resources in a Disaster*

Through research and initiative Dr. King collaborated with members of the Coalition to develop a comprehensive survey tool to assess the existing capacity of King County hospitals to provide acute pediatric care.

2. **Excellence in Collaboration:** Presented to **Hospital Strategy Group Members**

The Hospital Strategy Group has been meeting to provide strategic direction to the broader Region 6 Hospital Emergency Preparedness Committee and Healthcare Coalition staff for approximately 3 years. Their dedication to preparedness and their collaborative spirit, have not only ensured that regional hospital preparedness has made major strides, but they have also recognized the critical importance of broader healthcare system planning as a way of better preparing the community.

Hospital Strategy Group Members

- Chris Martin, Harborview Medical Center
- Eileen Newton, St. Francis Hospital
- Fred Savaglio, Virginia Mason Medical Center
- Jeff Lim, Children's Hospital & Medical Center
- Marianne Klaas, Swedish Medical Center
- Peter Rigby, Northwest Hospital, Chair
- Tamlyn Thomas, University of Washington Medical Center
- Valerie Dinsdale, Overlake Hospital Medical Center

3. **Excellence in Leadership:** Presented to **Palmer Pollock** - *Northwest Kidney Center*

Palmer has provided leadership to the Northwest Kidney Center and has greatly enhanced emergency preparedness within the organization. In respect to emergency preparedness, Palmer has developed a redundant command center program, revised the telecommunications system to provide an emergency line for dialysis patients to call for scheduling & capacity information in times of emergency, prepared a proposal for Congress for appropriation for surge capacity & emergency planning, and designed both a SeaTac Kidney Center as well as a Seattle Kidney Center that will accommodate surge capacity & contain large command centers with emergency power back-ups.

A thank you to all of the individuals and organizations who submitted nomination forms. There was a very competitive pool of nominees. We thank you for your support and again offer our many congratulations!

Workshops, Assessments and Grant Funding



With the recent approval of the Assistant Secretary for Preparedness and Response (ASPR) competitive grant, planning efforts are now going to be focused on the development of workshop curricula, tools for assessing emergency readiness and preparedness needs, and a grant program, including a RFP for agencies to apply for preparedness grants. The goal is to enhance preparedness capabilities among Long Term Care, Mental Health and Chemical Dependency Providers, Pediatric Care, Palliative Care, Ambulatory Care and Specialty Care providers and to enlist participation from all healthcare organizations in the Healthcare Coalition's coordinated effort for responding to disasters. For more information about these projects, please contact Michelle McDaniel at (206) 263-8712 or michelle.mcdaniel@kingcounty.gov

For more information about the King County Healthcare Coalition, please visit: <http://www.metrokc.gov/HEALTH/hccoalition/index.htm>

TOPOFF 4: Exercising National Preparedness

Top Officials 4 (TOPOFF 4) is the Nation's premier terrorism preparedness exercise, involving top officials at every level of government, as well as representatives from the international community and private sector. The TOPOFF 4 Full-Scale Exercise (T4 FSE) took place Oct. 15 – 19, 2007 and featured thousands of federal, state, territorial, and local officials. These officials engaged in various activities as part of a robust, full-scale simulated response to a multi-faceted threat.

The exercise addressed policy and strategic issues that mobilize prevention and response systems, required participants to make difficult decisions, carry out essential functions, and challenge their ability to maintain a common operating picture during an incident of national significance.

For the full report from the Department of Homeland Security please visit: http://www.dhs.gov/xprepresp/training/gc_1179430526487.shtm

Study Examines Public Health Preparedness

September 10, 2007 – AHA News

Seven in 10 local health departments that receive Centers for Disease Control and Prevention preparedness funds have "to a great extent" developed a plan for mass vaccination or preventive treatment, according to new report from the National Association of County and City Health Officials. More than half report similar progress toward an all-hazards preparedness plan, and implementing the National Incident Management System and new or improved communication systems, the organization said. The report says recent cuts in CDC funding for public health preparedness threaten these advances, however, particularly the ability of local health departments to hire qualified permanent staff.

To view the full study from the National Association of County & City Health Officials, please see:

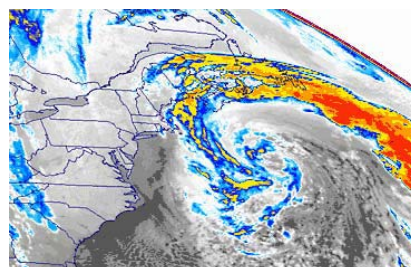
http://www.naccho.org/documents/SurveyReport_Final.pdf



NWS to Officially Implement Storm Based Warnings Oct 1st

Sept. 19 - www.EMForum.Org

Realizing the continuing need to improve the specificity and accuracy of warnings for tornadoes, severe thunderstorms, floods and marine hazards, the NWS will implement Storm-Based Warnings (SBW) on October 1, 2007.



Storm Based Warnings will promote improved graphical warning displays, and in partnership with the private sector, support a wider warning distribution through cell phone alerts, pagers, and web-enabled Personal Data Assistants (PDAs). The media will be able to display the polygons showing the public at large where the area of maximum threat is, and better depict who or what is at greatest risk.

Instead of issuing warnings by county, the local NOAA NWS Weather Forecast Office will be able to narrow its focus on a portion of a county (or counties) that have the greatest threat for being impacted by severe weather. The warned area is defined by latitude and longitude coordinates and depicted by polygons.

To Read more on the Storm Based Warning System please visit:
<http://www.weather.gov/sbwarnings/FAQ/FAQ.html>

It Seems to Us: Interoperability

By David Sumner, K1ZZ October 1, 2007

"Interoperability" is a big word with many different definitions depending on the context. In radio it means, broadly, the ability of operators or devices to communicate (that is, to exchange information) with one another. Interoperability normally refers to the characteristics of equipment rather than to operators although language and jargon also can be barriers to communication.

Public safety communicators have been grappling with the problem of interoperability for decades. When everyone used analog FM voice it was possible, in principle, to solve the problem simply by designating a common frequency. Today there are technical solutions to the public safety interoperability problem -- but they depend on the availability of specific hardware, training, and a willingness on the part of agencies to relinquish control.

By comparison, Amateur Radio scores well in terms of interoperability. All CW stations built in the past 80 years are able to communicate with one other, assuming they have a frequency in common. The same is true of all SSB stations built in the past 60 years. On VHF FM, a newly minted operator with a brand new handheld transceiver can communicate with an old-timer who has used the same tube-type rig for the past 40 years. It was enlightening to hear how Army MARS is pursuing its mission of providing an auxiliary communications conduit for military, civil, and disaster officials during periods of emergency. It was instructive to learn



how disaster response organizations such as the American Red Cross, the Salvation Army, and Southern Baptist Disaster Relief meet their communications requirements using a variety of tools -- including Amateur Radio when appropriate -- and what they need from us now, which is quite different from just a few years ago.

By its very nature, the Internet is able to survive a lot of disruption -- but connections to it from a disaster area may be non-existent at first and woefully inadequate, even via satellite, for hours, days, and possibly even weeks afterwards. This spirit of cooperation and the recognition of the need to preserve our interoperability bode well for the future of Amateur Radio emergency communications, and for our ability to continue to serve our local, national and global communities.

To Read more about the Association for Amateur Radio and see this article in full context please visit:

<http://www.arrl.org/news/features/2007/10/01/1/?nc=1>

Homeland Security Presidential Directive/HSPD-21

Public Health and Medical Preparedness

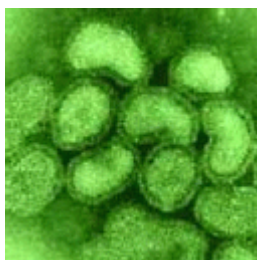
The White House Office of the Press Secretary - October 18, 2007

The White House recently established a National Strategy for Public Health and Medical Preparedness, which builds upon principles set forth in *Biodefense for the 21st Century* (April 2004) and will transform our national approach to protecting the health of the American people against all disasters. The Directive includes priorities, critical components of public health and medical preparedness, strategies for education & training, and implementation plans.

To read the directive in its entirety, please visit:

<http://www.whitehouse.gov/news/releases/2007/10/20071018-10.html>

Promising Practices - Pandemic Preparedness Tools



The Center for Infectious Disease Research & Policy (CIDRAP) and the Pew Center on the States (PCS) launched an initiative to collect and peer-review practices that can be adapted or adopted by public health stakeholders. This website provides a valuable compilation of more than 130 practices and represents a yearlong effort. The project aims to enhance public health preparedness for an influenza pandemic and conserve resources by sharing promising practices.

To learn more about this resource go to: <http://www.pandemicpractices.org>

Steps for Preparing Organizations to Support Their Workforce during Emergencies

By Michelle McDaniel, Mental Health Planning Manager, King County Healthcare Coalition

Self Care Tips:

- Assume that you will need more sleep, exercise, and healthy foods.
- Take advantage of support such as massage, physical therapy, exercise, meditation, acupuncture, dancing, walking/running, or whatever activities are personally restorative.
- Maintain contact with friends and family, and talk to loved ones about your experience and feelings.
- Attend to your spiritual needs, individually or within a spiritual community.
- Seek necessary time away from work.
- Write and talk about the events and their effects.

Online disaster mental health & psychological first aid classes can be found at:

<https://cpheo1.sph.umn.edu/PHET/main/index.asp>

Ways employers can help staff with personal preparedness so they are physically and mentally ready to work during emergencies:

1. Provide on-site personal preparedness classes for staff
2. Provide tips for employees who are expected to report to work during an emergency:
 - Make back-up arrangements for child and/or pet care in advance,
 - Prepare your family for your possible extended absence during an emergency,
 - Learn self-care tips (*See Reference Box below*)
 - Explanation of company "buddy system" designed to mutually support and monitor coworker's stress and potential secondary trauma reactions,
 - Educate on anticipated behavioral and emotional responses in a post-disaster situation (*See Post Disaster Fact Sheet* <http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/Reactions.pdf>)
 - Provide a list of professional mental health services available to staff during the response and recovery phases of the emergency and beyond.

Ways employers can prepare to support their workforce during emergencies:

1. Train staff in disaster mental health and Psychological first aid (PFA) (*See Reference Box*)
2. Develop company policies and procedures for self-care at work:
 - Require regular breaks
 - Encourage moderate exercise/fresh air during breaks
 - Limit shifts to 12 hours
 - Institute a "buddy system" so employees can watch out for each other's physical and mental health
 - Rotate staff between low, mid and high-stress tasks
 - Have professionals trained in Psychological First Aid available on site to assist staff one-on-one.
3. Ensure adequate supply of safety equipment, nutritious food (fruit, whole grains), water and other non-caffeinated hydration, and hygiene supplies.
4. Anticipate that parents may need emergency access to daycare in order to fulfill their work commitments. Develop policies, procedures and systems that allow for safe and appropriate child care options including onsite care.
5. Designate a quiet/calming location for staff to take breaks and nap. Supply comfortable furniture and cots.
6. Designate a clean break area for eating, making personal calls and provide distracting activities such as deck of cards, crossword puzzles and magazines.
7. Supply staff with personal kits for work: Toothbrush & toothpaste, bottle of water, whistle, light stick, crisis hotline/EAP contact information, dust mask, employee guide to disasters, nutrition bar, and list of self-care tips.

IOM Releases Report on PPE for Healthcare Workers during an Influenza Pandemic

By Jennifer Nuzzo, September 21, 2007 – The Center for BioSecurity

On September 18, 2007, the Institute of Medicine (IOM) released a report entitled *Preparing for an Influenza Pandemic: Personal Protective Equipment for Healthcare Workers*, which was completed at the request of the National Personal Protective Technology Laboratory (NPPTL) at the National Institute for Occupational Safety and Health (NIOSH). The report recommendations are "intended to serve as a framework and a catalyst for a national PPE [personal protective equipment] action plan that is an integral part of the overall national plan for an influenza pandemic."

The IOM committee noted that while healthcare workers "will be on the front lines delivering care to patients and preventing further spread of the disease" during a pandemic, "efforts to appropriately protect healthcare workers from illness or from infecting their families and their patients are greatly hindered by the paucity of data on the transmission of influenza and the challenges associated with training and equipping healthcare workers with effective personal protective equipment."

As a result of these knowledge gaps, the IOM committee concluded that "it is not possible at the present time to definitely inform healthcare workers about what PPE is critical and what level of protection this equipment will provide in a pandemic." To that end, the committee determined that there "is an urgent need to address the lack of preparedness regarding effective PPE for use in an influenza pandemic."



To Read this article in full context please visit:
<http://www.upmc-biosecurity.org>

Regional Health System Response to the Virginia Tech Mass Casualty Incident

DISASTER MEDICINE AND PUBLIC HEALTH PREPAREDNESS – 1 (Supplement_1):
9-13 2007 © 2007 American Medical Association

On April 16, 2007 a mass shooting occurred on the campus of Virginia Polytechnic Institute and State University (Virginia Tech). Due to both distance and weather, air transport of the injured directly to a level 1 trauma center was not possible. The injured received all of their care or were initially stabilized at 3 primary hospitals that had either a level 3 trauma center designation or no trauma designation. This article is a retrospective analysis of the regional health system (prehospital, hospital, regional hospital emergency operations center, and public health local and state) response. The outcomes of the Virginia Tech mass casualty incident, as evidenced by the low overall regional health system mortality of victims and low critical mortality rate, coupled with a need to treat a





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significant amount of moderately injured victims, gives credence to the successful response. The successful response occurred as a consequence of regional collaborative planning, training, and exercising, which resulted not only in increased expertise and improved communications but also in essential relationships and a sense of trust forged among all of the responders.

To Find the full research article, please reference:

http://www.dmphp.org/cgi/content/full/1/Supplement_1/S9

King County Healthcare Coalition

The King County Healthcare Coalition is a network of healthcare organizations and providers that are committed to strengthening the Healthcare System for emergencies. The following workgroups currently meet as part of the King County Healthcare Coalition to address preparedness issues in the healthcare community.

Committee/Workgroup	Staff
Coalition Development	Cynthia Dold, (206) 263-8715 Cynthia.dold@kingcounty.gov
Coalition Administrative Staff	Lydia Ortega, (206) 263-8721 Lydia.ortega@kingcounty.gov
Alternate Care Facilities	Tony Cebollero, (206) 263-8718 Anthony.Cebollero@kingcounty.gov
Critical Care Planning	Lewis Robinson, MD, (206) 263-8716 robinson@u.washington.edu
Hospital Emergency Prep Committee	Danica Mann, (206) 947-5565 Danica.mann@overlakehospital.org
Infectious Disease Workgroup	Jeff Duchin, MD, (206) 263-8171 Jeff.duchin@kingcounty.gov
Legal Workgroup	Amy Eiden, (206) 296-901 amy.eiden@kingcounty.gov
Long Term Care & Home Health Planning	Carlos Dominguez, (206) 263-8710 Carlos.Dominguez@kingcounty.org
Medical Director's Committee	Jeff Duchin, MD, (206) 263-8171 Jeff.duchin@kingcounty.gov
Mental Health Planning	Michelle McDaniel, (206) 263-8712 Michelle.McDaniel@kingcounty.gov
MOU Development	Aimee Welch, (206) 263-8719 aimee.welch@kingcounty.gov
Puget Sound Call Center Coordination	Joe Cropley, 206-517-2383 cropley@wapc.org
Regional Medical Resource Center	Allison Schletzbaum, 206-744-6213 aschletz@u.washington.edu

To view the Healthcare Coalition Meeting Calendar please go to:
<http://www.metrokc.gov/health/hccoalition/2007-calendar.pdf>



Upcoming Meetings

- Regional Medical Resource Center Satellite Phone Drill
November 1, 2007
8:00 – 10:00 am
- Palliative Care Workgroup
November 1, 2007
10:00 – 12:00 pm
- Pediatric Workgroup Meetings
November 1st OR 2nd
7:00 – 8:00 am
- HICS Training for Hospitals
November 7, 2007
8:00 – 12:00 pm
- Pharmaceutical Task Force
November 8, 2007
2:00 – 3:30 pm
- Methadone Preparedness Summit
November 16, 2007
12:30 – 4:00 pm
- Coalition All Executive Meeting
November 29, 2007
7:30 – 10:00 am
- Region 6 Hospital Emergency Preparedness
November 29, 2007
7:30 – 10:00 am
- Train the Trainer for KCHHealthTrac
November 30, 2007
9:00 – 1:00 pm

Coalition Workgroup & Committee Updates

Outlined below are current updates for some of the King County Healthcare Coalition committees and workgroups. Please consult the Healthcare Coalition website for additional information.

Ambulatory Care Workgroup

- Aimee Welch is currently working with hospital-associated ambulatory care clinics to develop coordinated strategies to address technological needs resulting from their geographic isolation. This will support the development of technical assistance programs, funding proposals and memorandums of understanding.

Hospital Emergency Preparedness Committee

- All Region 6 hospitals successfully completed the NIMS compliance report for 2007. Thank you all for your efforts on this project!
- New Joint Commission Emergency Management Standards will take affect January 2008. A comparison of regional efforts to meet the new standards is currently underway and will be presented to the Strategy Group in November.
- Work will soon begin on a patient movement evacuation plan for the region. The RFP process will soon begin to identify a vendor to assist in the plan development process. The Coalition will be looking to partner with EMS and other jurisdictions involved with patient movement.
- Exercise design for Sound Shake 2008 will soon begin. All design team members from the May 2007 exercise will be contacted for assistance on hospital injects and participation.

Long Term Care and Home Health

- The Fall/Winter issue of UW's *Northwest Public Health* features the Healthcare Coalition's response to the Windstorm 2006 in an article labeled "Regional Preparedness Efforts for Seniors." The article highlights the work around the special needs of senior adults currently underway by the Coalition, including the RMRC. The article and is one of a series of vignettes demonstrating current emergency preparedness planning efforts in Alaska, Montana and Washington. The authors are Cynthia Dold, Program Manager of the King County Healthcare Coalition and Carlos F. Dominguez, Long Term Care Planning Manager at Public Health – Seattle & King County.

The article can be found at:

http://nwpublichealth.org/docs/nph/f2007/regional_prep_f2007.pdf

- Long term care planning efforts continue with the Aging and Disability Services Administration through the Residential Care Services (RCS) and Home and Community Services (HCS) units, on sharing up-to-date information on licensed facilities through an electronic data base system.
- Aging and Disability Services, Seattle Human Services Department is working on creating of a set of standards and expectations for emergency response among the 15 contracted home care agencies in King County.

Pediatric Planning

- "Disaster Preparedness: Pediatricians' Roles" was the topic of Grand Rounds at Children's Hospital & Regional Medical Center on September 27th, presented by Kay Koelemay, MD, of Public Health - Seattle & King County & Jeff Sconyers, JD, of Children's Hospital. The impact of



disasters on the pediatric population of King County, as well as the implications for pediatric healthcare providers and for the healthcare system was discussed. Nan Barbo and Carol Dunn of the American Red Cross provided preparedness planning resources.

- "Pediatric Workgroup Launch" meetings were recently held in 2 locations: November 1st at Children's Hospital & November 2nd at Overlake Hospital. The invitation went out to all healthcare providers who care for children and their families. The agenda included discussions about why a pediatric workgroup is indicated, how the Healthcare Coalition can support the workgroup and what individuals can do to contribute. The results of the survey by Dr. Mary King of pediatric resources – beds, staff and equipment – in King County hospitals were shared. Attendees learned about proposed task forces and how to "sign up." For more information, please contact Kay Koelemay, Public Health, kathryn.koelemay@kingcounty.gov.

Regional Medical Resource Center (RMRC)

- Phase 2 TSP applications were submitted in August and the numbers have been awarded and distributed. King County healthcare organizations have applied for 466 TSP priority numbers since fall of 2006. Phase 3 of the application process has begun with a deadline of November 30, 2007.
- Two resource surveys will be distributed to the hospitals in the next month. One survey explores the penetration of GETS/WPS/TSP within the healthcare facility and the second explores critical infrastructure vendor interdependencies. Additional surveys will be distributed in the coming months.
- Configuration of KCHealthTrac continues with a National Users Group meeting scheduled for the end of October in Minneapolis. The roll-out plan was approved at the September Executive Council Meeting, with initial hospital training slated for January 2008. Additional healthcare sectors will follow throughout 2008.

Puget Sound Call Center Coordination Project

- Representatives from King, Pierce and Snohomish Counties met with the Washington Department of Health in an effort to garner support to make the call center coordination project a statewide initiative.

Training Opportunities

Note: The following list of available training opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each training.

Healthcare Summit on Emergency Communications, Response and Recovery – WEBCAST

November 1, 2007 6AM to 9:45AM PST

The Federal Communications Commission's Public Safety and Homeland Security Bureau (Bureau) has announced that it will host, in conjunction with the U.S. Department of Health and Human Services, a *Health Care Summit on Emergency Communications, Response and Recovery*

For more information, or to register please visit:

<http://www.fcc.gov/pshs/summits/healthcare/>



HICS Training

November 7, 2007 8am to 12pm

Location: KCECC

Cost: No Cost

This regional class will be held as an orientation to the new HICS materials. It is not a train the trainer course.

To Register: Please email Lydia Ortega at Lydia.ortega@kingcounty.gov

HICS Train the Trainer

November 12-13, 2007 7:30am to 5pm

Location: Fairfax, VA

Cost: \$595

To register, visit: http://www.whc.sitelms.org/view_event.php?event_id=61

REAC/TS Radiation Emergency Medicine

2008 Dates: Jan 29 – Feb 1; March 4-7; April 15-18; June 3-6; Sept 9-12

Location: Oak Ridge, TN

Cost: \$125 + travel

This 3 1/2-day course is intended for physicians, nurses, clinical nurse practitioners, and physicians' assistants who may be called upon to provide emergency medical care following a radiological or nuclear incident.

To register, or for more information, visit:

<http://orise.ornl.gov/reacts/course-rem.htm>



Upcoming Conferences

Note: The following list of available conference opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each conference.

HazMat Explo 2007 Conference and Exposition

November 5-8, 2007

Location: Las Vegas, Nevada

Cost: \$150.00

For more information please visit:

www.hazmatexplo.org

6th Rocky Mountain Region Disaster Mental Health Conference

November 8-10, 2007

Location: Cheyenne, Wyoming

Cost: \$270.00

For more information please visit: www.rmrinstitute.org

Pacific Northwest Preparedness Society 2007 Emergency Preparedness Conference

November 21-23, 2007

Location: Vancouver BC

Cost: Early Registration \$630.70 / Late Registration \$736.70

For more information, visit:

<http://www.jibc.ca/epconference/>

International Disaster Management Conference

January 31-February 3, 2008

Location: Orlando, FL

For more information please visit: <http://www.emlrc.org/disaster2008.htm>

Partners in Preparedness – Save the Date

April 1-2, 2008

Location: Tacoma Convention Center

For more information, visit:

<http://capps.wsu.edu/conferences/emergencyprep/>

National Earthquake Conference

April 23 – 26, 2008

Location: Westin Hotel, Seattle

For More Information, visit:

<http://capps.wsu.edu/conferences/earthquake/>



Upcoming Exercises

520 Bridge Catastrophic Failure Planning Tabletop Exercise

Date: Tuesday, November 29, 2007

Time: 9:00 a.m. - 4:00 p.m.

Location: Shoreline Conference Center

18560 1st Ave NE, Shoreline, WA 98155

To register, and to receive an agenda, and other exercise materials, go to:

www.regionalresilience.org/520exercise



Sound Shake 2008

Date: March 5, 2008

The Seattle UASI area (comprised of King, Pierce, Snohomish Counties, City of

Seattle and City of Bellevue) obtained a grant to develop and execute a Seattle Fault Catastrophic Earthquake exercise. It will be a tri-county, functional exercise. For more information about the exercise, please visit:

<http://www.metrokc.gov/prepare/SoundShake08.aspx>

Mass Fatalities Tabletop Exercise

Date: **January 10, 2008**

Public Health and the King County Medical Examiner's Office will be hosting a pandemic flu mass fatality management tabletop exercise on October 25. This tabletop will bring together multiple disciplines, including funeral directors, public health, healthcare, vital statistics and first responders to look at issues related to managing a large number of deaths that could occur from a pandemic influenza outbreak.

About this Newsletter

This publication will be sent monthly via email. Please feel free to share resources through this newsletter. To subscribe or to submit information to share, please contact Lydia Ortega at Lydia.Ortega@kingcounty.gov

Thank you!